U.S. Department of Energy Energy Information Administration Form EIA-7A (March 2008)

Coal Production and Preparation Report (Preparation Plant or Other Facilities) - Page 1

Form Approved
OMB No. 1905-0167
Expires: 03/31/2011
Burden: 1.5 Hour
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Reporting for Calendar Year					\top			
This report is mandatory under Public Law 93-275. Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the sanction provision the provisions concerning the disclosure of information in the Instructions.								
Please read the instructions provided before completing this form.								
GENERAL REPORTING INSTRUCTIONS : Form EIA-7A must be so of coal and/or worked 5,000 hours or more during the reporting ye (MSHA) ID.								
I. Identification The shaded areas in this section are reserved for drawing a line through the incorrect information and entering the		ne informa	tion sho	wn in th	iese a	reas by		
A. Status Change Did the mining operation name and/or mine owner/operator change during the year? (1) Yes (2) No				Year				
If Yes, give date of change and, as applicable, new name of n	<u> </u>				_			
New Name of Mining Operation	Name of New Owner/Operator							
Address of New Owner/Operator (Street) (City)	(State)	(Zip Code)	-				
New Owner/Operator E-mail New Ov	vner/Operator Phone Number New Owner/Operator Fax N	Number			=			
(Please make any corrections to the mailing label in the area provided at the	ne right and return the completed form in the business reply env	elope provid	ded)					
B. Preparer Information]							
	Preparer's Name:							
	Preparer's Company Name: Preparer's Street Address:							
	Preparer's City, State, Zip:							
	Preparer's Phone #:							
	Preparer's Fax #:							
	Preparer's E-mail:							
C. Preparer Company Information – The information in this block refers to the Company that owns the MSHA ID. The Company contact person is a person who has oversight responsibility for responding to this data request and ordinarily is not the person								
preparing the response.								
	Name of Company Contact:							
	Contact Title:							
	Company Name:							
	Company Street Address:							
	Company City, State, Zip: Company Contact Phone #:							
	Company Contact Filone #.							
	Company Contact E-mail:							
D. Name and Location of Processing Operation								
	Processing Operation Company Name:							
	Plant Name:							
	Location (County): Location (State):							
E. Name and Address of Processing Operating								
Company Name:								
Address: City, State, Zip:								
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Reporting for	Calenda	ar Year		MSHA				
F. Operating Company Point of Contact The operating company representative who can answer questions regarding the information provided on this form.								s form.
Name, Title Address: City, State, Phone No. (Fax No. (Are E-mail:	, Zip: (Area Coo							
G. Type of Company Operating this Mining Operation Check one. (See	ee instructi	ions for definit	ions of company typ	es).				
1. Independent Producer Operator 2. Operating Subs	sidiary	3. Co	ntractor					
If you checked Box 1 in Section G above, please skip to Section J. If you Parent Company. If you checked Box 3, please complete Sections H and this mining operation. If there is more than one Parent Company or Contra separate sheet of paper.	d I with info	ormation abou	t the Contractee for	which you	are pro	ovidin	g servid	ces at
H. Parent Company or Contractee Provide the following information at Name of Pa Address: City, State, 3	arent/Cont	•	any or Contractee.					
I. Parent Company/Contractee Point of Contact Name, Title: Address: City, State, Phone No. (Fax No. (Are E-mail:	e: , Zip: (Area Cod	de):	r Parent Company o	or Contract	∋e cont	act p	erson.	
J. Kind of Mining Operation (check the boxes that apply.) Other Facilities								
(1) Preparation Plant] (3) L	oading Dock						
(2) Tipple	(4) T	rain Loadout						
K. Union Identification Check the box that applies for this mining operation is this mining operation unionized? Yes No	tion and id	lentify the unic	on if applicable.					
If Yes, enter union name:								
Latitude: Degrees Minutes Seconds Longitude Longitude: Minutes Seconds Longitude: Minutes Minutes Longitude: Degrees Minutes Seconds Longitude: Minutes Minute	best define		n of the facility.					
(2) Datum Please identify the method and datum that was used in determing (a). Method used to determine latitude and longitude (i) Maps on Us (Website: www.mapsonus.com) (ii) U.S. Census Bureau TIGER Map Service (Website: www.mapsonus.com) (iii) Global Positioning System (GPS) (iv) U.S. Geological Survey MapFinder (Website: www.mapsonus.com)	site: www.c	□ census.gov)	ngitude locations. (<i>l</i>	Please che	ck the l	oxes	that ap	oply.)
	(ii) NAD83 (iv) Other _	•	can Datum 1983)	(v	v) Unkn	own		

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Telephone Number

Coal Production and Preparation Report (Preparation Plant or Other Facilities) - Page 3

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(March 2008)	(Preparation Plant or Other Facilities) - Page 3				Burden: 1.5 Hour					
(a.s., 2555)	Reporting for Calendar Year	MSHA								
II. Annual Processing Capacity										
processed, loaded or bagged during the y	e maximum amount of coal that your coal processing operation could have year with the existing coal processing equipment in place, assuming that the e equipment were available, and that the market existed for the maximum coal									
III. Dispositions of Coal During the Re	porting Calendar Year									
This section requests information on the amount of coal consumed to operate this preparation plant.										
	Quantity									
IV. Coal Consumed To Operate This Fa (Please exclude coal consumed to go	acility. enerate electricity that is sold to the grid.)									
V. Coal Preparation Complete this section only if this mining operation includes a preparation plant or tipple which crushes, screens, or mechanically cleans coal.										
A1. Percentage of coal prepared which originated from underground mines										
A2. Percentage of coal prepared wh	nich originated from surface mines									
	Tota	al	100	%						
VII Remarks (Please attach a separate s	wheet of paper if necessary.)									
Point of Contact:										
Name	Title		Date							

Title 18 U.S.C. Section 1001 makes it a crime for any person who knowingly and willingly makes to any Agency or Department of the United States any false, fictitious or fraudulent statement or misrepresentation as to any matter within its jurisdiction.

E-Mail Address

Fax Number